



# City of Loma Linda Official Report

Floyd Petersen, Mayor  
Stan Brauer, Mayor pro tempore  
Robert Christman, Councilmember  
Robert Ziprick, Councilmember  
Charles Umeda, Councilmember

COUNCIL AGENDA: May 24, 2005

TO: City Council

VIA: Dennis R. Halloway, City Manager

SUBJECT: Request from Area E Disaster Management for membership in the  
California Joint Powers Insurance Authority

**Area E Disaster Management  
Report of Initial Risk Management Evaluation**

# CALIFORNIA JPIA

## MEMBERSHIP APPLICATION

.....

## REPORT OF INITIAL RISK MANAGEMENT EVALUATION

of

## Area E Disaster Management

.....

### I. RECOMMENDATION

It is recommended that Area E Disaster Management's (Area E) application for membership in the CALIFORNIA JOINT POWERS INSURANCE AUTHORITY beginning July 1, 2005, be approved with an initial General Liability Program primary deposit of \$6,122 and an initial Workers' Compensation Program deposit of \$1,197. Based on Area E's payroll, an additional \$40 deposit will be made to the Workers' Compensation Excess Pool.

### II. GENERAL INFORMATION

A. Date of Survey: March 22, 2005

B. Participants in Survey:

1. For CALIFORNIA JPIA: Beth Lyons, Assistant Executive Director  
Jim Gross, Senior Risk Manager

2. For Area E: Fan Abel, Area Coordinator

C. Description of Applicant:

In 1962, Los Angeles County and 25 cities entered into a formal joint powers agreement to create Area E. In 1998, as the Los Angeles County Operational Area was organizing under the California Standardized Emergency Management System (SEMS), some realignment of cities within the County occurred, and members signed a revised joint powers agreement. Today Area E consists of its original 25 cities and unincorporated area in Southeast Los Angeles County. Fifteen Area E member cities are also members of the CALIFORNIA JPIA.

Area E plays a role in improving emergency preparedness on a cooperative and economical basis for all JPA members, and serves as a coordination link between the local, county, state and federal governments. Responsibilities of Area E include:

- Assist cities in preparation of emergency plans, required documentation, drills and exercises
- Conduct emergency management training programs for city staff
- Liaison and share information among members and county, state, and federal government levels
- Conduct monthly meetings between city emergency management coordinators, county agencies, and other service agencies
- Provide public information and educational materials
- Following disasters, serve as a coordination link between cities, the county, and the state
- Assist cities in post-disaster recovery efforts
- Represent the Area E members on special committees, at workshops, and meetings

Area E's Board of Directors meets monthly and consists of one appointed member from each member agency. The Board elects an Executive Committee of five members that meets on an as-needed basis.

Area E's 2003-2004 operating budget was approximately \$164,000, with a 2003-2004 payroll of approximately \$79,000 (including non-taxable compensation) for one full-time employee. In addition to federal funding, Area E annually assesses each member at a rate of \$0.04/per capita.

During the survey, Ms. Abel displayed knowledge and concern about risk management issues. This attitude was reflected in Area E's favorable loss history of zero losses over the past 10 years for both liability and workers' compensation.

### **III. CURRENT INSURANCE PROGRAM**

Area E does not have general liability coverage.

Area E has workers' compensation insurance through the State Compensation Insurance Fund. The 2004-2005 premium is \$12,641. Coverage is statutory, paid from first-dollar, and includes \$1,000,000 in Employers' Liability limits.

### **IV. EXPERIENCE AND LOSS DATA**

Area E has not experienced any liability or workers' compensation losses during the past ten years.

## **V. APPLICATION FEE AND DEPOSIT COMPUTATIONS**

### **A. Application Fee:**

Area E will pay an application fee of \$1,000. This fee may be applied toward the primary deposit if Area E is approved as a member or refunded if membership is not approved.

### **B. General Liability Deposit:**

The initial primary deposit covering the period July 1, 2005 through June 30, 2006 was established at \$6,122. The deposit was established based upon a pro forma analysis of the Area E's claims history covering the period July 1, 1996 to June 30, 2003.

### **C. Workers' Compensation Deposit:**

The initial deposit for the July 1, 2005 through June 30, 2006 coverage period was established at \$1,197. The deposit was established based upon a pro forma analysis of Area E's claims history covering the period July 1, 1996 to June 30, 2003. Based on Area E's payroll, an additional \$40 deposit will be made to the Workers' Compensation Excess Pool.

## **VI. PHYSICAL INSPECTION AND COMMENTS**

### **A. Administrative Office**

Area E receives office space within the La Mirada City Hall. The City of La Mirada is responsible for the maintenance and inspection of the facility.

## **VII. SUMMARY AND EVALUATION**

It is the CALIFORNIA JPIA staff's conclusion that the highly favorable loss histories, physical inspection, committed leadership, and interest expressed qualify Area E Disaster Management for consideration for membership in the CALIFORNIA JPIA.

We also find that membership will benefit Area E by providing reliable and economical coverage, and it will be advantageous to the CALIFORNIA JPIA by expanding its ability to spread pooled losses and costs.

**Area E Disaster Management  
Application for Membership**



# CALIFORNIA JOINT POWERS INSURANCE AUTHORITY

8081 Moody Street, La Palma, California 90623

(562) 467-8700 • FAX (562) 402-8692

## AREA E APPLICATION FOR MEMBERSHIP

INSTRUCTIONS: Please complete the following underwriting information. You may attach additional sheets, if necessary, to amplify your answers. The application should be signed by the City Manager. Please type your answers.

Date of Application: 3-14-05

Date of Incorporation: —

CITY OF: Disaster Management COUNTY OF: Los Angeles

ADDRESS: Area E  
13700 La Mirada Blvd., La Mirada, CA 90638

MAIN PHONE: 562-902-2368 MAIN FAX: 562-902-2360

WEBSITE: —

APPLICATION COMPLETED BY: Fan Abel

PHONE: 562-902-2368  
cell: 562-505-6443

FUNCTION:	Salutation	Name	Actual Title	Phone	Email
City Manager:					
Finance Officer:					
Public Works Director:					
Parks & Rec Director:					
Planning Director:					
City Clerk:					
Personnel Director:					
Risk Manager:					
City Attorney:					
Police Chief:					
Fire Chief:					

General Manager: Mrs. Fan Abel Admin/ 562-902-2368 areae@earthlink.net  
Area Coord.

1. POPULATION: —

2. AREA: —

3. TOTAL OPERATING BUDGET (FY <sup>03-04</sup>2002-2003): \$163,968<sup>00</sup>  
(please provide a copy of your adopted budget)

4. EMPLOYEE CENSUS:

		FT (Positions)	PT (FT Equiv)	VOL (People)	Gross Payroll for Calendar year 2002 (include non-taxable compensation & PT)
Clerical Office	(8810)				
Municipal Non-Manual	(9410)	<u>1</u>	<u>1</u>		<u>79,145.45</u>
All Other Municipal	(9420)				
Fire Fighters	(7706)				
Volunteer Fire Fighters	(7707)				
Police Officers	(7720)				
Volunteer Police Officers	(7722)				
Bus Operators	(7382)				
Pilots	(7424)				
Animal Services	(8831)				
Water Works	(7520)				
Sanitation Employees	(7580)				
All Other	(9999)				
TOTAL EMPLOYEES & GROSS PAYROLL		<u>1</u>	<u>1</u>		<u>79,145.45*</u>
(Calendar year 2002)		* PT- Total of \$657/year.			

5. CURRENT INSURANCE PROGRAM (or last insured year):  
In addition, please submit the face sheets of all current policies.

A. GENERAL LIABILITY COVERAGE: (Claims made or occurrence, please specify)

1. Primary Coverage:

Carrier: No coverage currently  
 Policy Period: \_\_\_\_\_  
 Occurrence Limit: \$ \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_  
 Deductible/Retention: \$ \_\_\_\_\_  
 Claims Administrator: \$ \_\_\_\_\_

EXCESS LIABILITY COVERAGE:

\$ \_\_\_\_\_ Excess of \$ \_\_\_\_\_  
 Carrier: \_\_\_\_\_  
 Policy Period: \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Excess of \$ \_\_\_\_\_  
 Carrier: \_\_\_\_\_  
 Policy Period: \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Excess of \$ \_\_\_\_\_  
 Carrier: \_\_\_\_\_  
 Policy Period: \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_



B. WORKERS' COMPENSATION COVERAGE:

1. Primary Coverage:

Carrier: State Compensation Insurance Fund  
Policy Period: 7/1/04 - 7/1/05  
Premium: \$ 12,641.00  
Employers Liability Limit: \$ 1,000,000  
Deductible/Retention: \$ 0 (first dollar coverage)

Claims Administrator: State Compensation Insurance Fund

2. Excess Workers' Compensation Coverage:

\$ \_\_\_\_\_ Excess of \$ —  
Carrier: \_\_\_\_\_  
Policy Period: \_\_\_\_\_  
Premium: \$ \_\_\_\_\_

C. PROPERTY INSURANCE:

1. Coverage: (Replacement cost or other, please specify) No coverage currently

Insured values: \$ \_\_\_\_\_  
Buildings: \$ \_\_\_\_\_  
Contents: \$ \_\_\_\_\_  
Vehicles: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Total Values \$ \_\_\_\_\_

Carrier: \_\_\_\_\_  
Policy Period: \_\_\_\_\_  
Premium: \$ \_\_\_\_\_

6. LOSS EXPERIENCE SUMMARY: (Past five completed years)

Additionally, please submit detailed claims information for the past ten years. See "Claims History" forms for more information.

A. GENERAL LIABILITY INCURRED LOSSES:

Year	Number of Losses	Amount of Losses
	No losses - N/A	

B. WORKERS' COMPENSATION INCURRED LOSSES:

Year	Number of Losses	Amount of Losses
	No losses - N/A	

C. INSURED PROPERTY INCURRED LOSSES:

Year	Number of Losses	Amount of Losses
	No losses - N/A	

7. GENERAL EXPOSURES: - N/A

	Number	Area
A. Waterfront Property:	_____	_____
B. Cemeteries:	_____	_____
C. Housing:	_____	_____
D. Libraries and/or Museums:	_____	_____
E. Parks and Playgrounds:	_____	_____
F. Stadiums and/or Grandstands:	_____	_____
G. Swimming Pools:	_____	_____
H. Golf Courses:	_____	_____
I. Police Horses:	_____	_____
J. Police Canines:	_____	_____
K. Auditoriums and/or Exhibition Halls:	_____	_____
L. Community Centers:	_____	_____
M. Buildings Leased to Others:	_____	_____
N. Land Leased to Others:	_____	_____
O. Buildings and/or Land Leased by Organization:	_____	_____
P. Hospitals:	_____	_____
Q. Airports:	_____	_____
R. Fixed-Wing Aircraft:	_____	_____
S. Helicopters:	_____	_____
T. Motorpools / Garages:	_____	_____
U. Underground Storage Tanks:	_____	_____
V. Permits:	_____	_____
Construction:	_____	_____
Demolition:	_____	_____
Environmental/Hazards:	_____	_____
Other - (please describe):	_____	_____

8. VEHICLE EXPOSURES: N/A

	Number
A. General Vehicles:	
Passenger Sedans (non-police):	_____
Pickups & other maintenance vehicles:	_____
Construction/Heavy Equipment:	_____
Other - (please describe):	_____
B. Emergency Vehicles:	
Police:	
Passenger:	_____
Motorcycles:	_____
Pickups/Vans:	_____
Fire:	
Passenger:	_____
Pickups/Vans:	_____
Apparatus:	_____
C. Public Transit Vehicles:	
Mini Buses/Vans:	_____
Buses:	_____
D. Watercraft:	
Type:	_____

9. ROADWAY AND TRAFFIC EXPOSURES: *N/A*

- A. City Streets: (miles) \_\_\_\_\_
- B. County Roads: (miles) \_\_\_\_\_
- C. State Highway: (miles) \_\_\_\_\_
- D. Traffic Signals: (number) \_\_\_\_\_
- E. Parking Lots: (number) \_\_\_\_\_
- F. Parking Meters: (number) \_\_\_\_\_
- G. Sidewalks: (miles) \_\_\_\_\_

10. POLICE SERVICES EXPOSURES: *N/A*

- A. Number of Sworn Officers:
  - Full-time: \_\_\_\_\_
  - Part-time: \_\_\_\_\_
- B. Number of Reserves:
  - Level I: \_\_\_\_\_
  - Level II: \_\_\_\_\_
- C. Number of Police Stations: \_\_\_\_\_
- D. Number of Jail Facilities:
  - Number of Cells: \_\_\_\_\_
- E. Is there a Policy and Procedures Manual? \_\_\_\_\_
- F. Is there a written Pursuit Policy? \_\_\_\_\_
- G. Is there a written Policy on the use of Firearms? \_\_\_\_\_
- H. Is there a written Policy on the use of Canines? \_\_\_\_\_

11. FIRE SERVICES EXPOSURES: *N/A*

- A. Number of Sworn Fire Personnel:
  - Full-time: \_\_\_\_\_
  - Part-time: \_\_\_\_\_
  - Volunteers: \_\_\_\_\_
  - Paramedics: \_\_\_\_\_
- B. Number of Fire Stations: \_\_\_\_\_

12. UTILITY SERVICES EXPOSURES: *N/A*

- A. Water Department:

Please submit an inundation map showing location and describe each dam.

- 1. Number of Employees: \_\_\_\_\_
- 2. Average capacity / day:
  - Domestic: \_\_\_\_\_
  - Industrial: \_\_\_\_\_
- 3. Source of supply: \_\_\_\_\_
- 4. Dams:
  - Number: \_\_\_\_\_
  - Capacity: \_\_\_\_\_
  - Type: \_\_\_\_\_

5. Reservoirs:

Number:

Capacity:

Type:

---

---

---

6. Storage tanks:

Number:

Capacity:

Type:

---

---

---

7. Source of water supply:

---

B. Sanitary Sewer Service:

Number of employees:

Average capacity / day:

Level of treatment:

---

---

---

Effluent discharged to:

---

C. Service Suppliers:

Electrical Power:

Natural Gas:

Telephone:

Cable Television:

Water: (if private)

Solid Waste Disposal:

---

---

---

---

---

---

13. Please include material information not requested on this form.

ACKNOWLEDGEMENT (To be completed by City Manager):

All of the above information, including attachments, has been fully disclosed. The CALIFORNIA JPIA may rely on these answers, including attachments, when considering this application for membership.

NAME: Fan I. Abel

DATE: 3-14-05

SIGNATURE: Fan I. Abel

# AREA E

## Budget and Payroll History

Please email the requested information, if possible, to [beth@cjpia.org](mailto:beth@cjpia.org).

Please provide the information requested for each fiscal year from July 1, 1994 to the present. It is not essential that this exact form be used. If the required information is available in this general format on computer printouts, the printouts may be substituted. The form may be duplicated and completed by hand or typewriter, or it can be recreated.

	Total Budget	Total Payroll	Sworn Police Payroll
1994-95	\$90,771	\$47,038.41 -- 1994	0
1995-96	\$95,255	\$49,716.24 -- 1995	0
1996-97	\$99,251	\$56,369.83 -- 1996	0
1997-98	\$102,008	\$56,553.48 -- 1997	0
1998-99	\$116,692	\$62,302.82 -- 1998	0
1999-2000	\$119,608	\$63,429.05 -- 1999	0
2000-01	\$119,179	\$68,337.38 -- 2000	0
2001-02	\$154,598	\$73,931.38 -- 2001	0
2002-03	\$163,968	\$79,145.45 -- 2002	0
2003-04	\$180,761	\$84,294.14 -- 2003	0

The budget information above is provided by fiscal year and the payroll is by calendar year (per OK by Beth Lyons).

Fan Abel  
 Administrator/Disaster Management Area Coordinator  
 Area E Disaster Management Office  
 13700 La Mirada Blvd.  
 La Mirada, CA 90638  
 562-902-2368  
[areae@earthlink.net](mailto:areae@earthlink.net)

# **AREA E** **Workers' Compensation Claims History**

Please provide the information requested on the following form for each claim from July 1, 1994 to the present. It is not essential that this exact form be used. If the required information is available in this general format on computer printouts, the printouts may be substituted.

The form may be duplicated and completed by hand or typewriter, or it can be recreated on your own computer. The information can also be provided in data form on CD or sent via e-mail to [beth@cjpia.org](mailto:beth@cjpia.org). The purpose of the form is to show the information we need on each claim for the past ten years. You have flexibility in the way it is presented to the California JPIA. However, we ask that any information provided be reasonably summarized on the form.

Please include an electronic copy of the information provided on the form, if available.

Date of Injury	Claim Number	Description of Claim	Sworn Police Employee? Y/N	Amount Paid to Date	Reserves Remaining	Total Incurred
None						

There have been no claims for the period 1994 through present.

Fan Abel  
Administrator/Disaster Management Area Coordinator  
Area E Disaster Management Office  
13700 La Mirada Blvd.  
La Mirada, CA 90638  
562-902-2368  
[areae@earthlink.net](mailto:areae@earthlink.net)

# AREA E

The form may be duplicated and completed by hand or typewriter, or it can be recreated on your own computer. The information can also be provided in data form on CD or sent via e-mail to [beth@cjpia.org](mailto:beth@cjpia.org). The purpose of the form is to show the information we need on each claim for the past ten years. You have flexibility in the way it is presented to the California JPIA. However, we ask that any information provided be reasonably summarized on the form.

[illegible]

Fan Abel  
Administrator/Disaster Management Area Coordinator  
Area E Disaster Management Office  
13700 La Mirada Blvd.  
La Mirada, CA 90638  
562-902-2368  
areae@earthlink.net